

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213512491			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Spina Bifida Association of America, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD SUITE 301</p> <p>GLEN ALLEN, VA 23060-6802</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 4/30/2013</p> <p>SCC ID NO: F1823337</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p>					
<p>4.) STATE OR COUNTRY OF INCORPORATION: WI</p>					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 4590 MACARTHUR BLVD NW STE 250</p> <p style="text-align: center;">CITY/ST/ZIP: WASHINGTON, DC 20007</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CINDY BROWNSTEIN TITLE: PRESIDENT ADDRESS: 4590 MACARTHUR BLVD., NW, SUITE 250 CITY/ST/ZIP/CO: WASHINGTON, DC 20007 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CINDY BROWNSTEIN TITLE: PRESIDENT ADDRESS: 4590 MACARTHUR BLVD., NW, SUITE 250 CITY/ST/ZIP/CO: WASHINGTON, DC 20007	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILSON NEYLAND DIRECTOR 716 WAVERLY LANE COPPELL, TX 75019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MEGAN SORENSEN PRESIDENT 1116 ROSTREVOR CIRCLE LOUISVILLE, KY 40205	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANA XIMINES PRESIDENT 1527 GLADE GULCH ROAD CASTLE ROCK, CO 80104	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULIE YINDRA DIRECTOR 126 HOFSTRA UNIVERSITY HEMPSTEAD, NY 11549	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID B. JOSEPH DIRECTOR 1600 7TH AVENUE, SOUTH, SUITE 318 BIRMINGHAM, AL 35233-1711	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAULA PETERSON DIRECTOR 100 MARIO CAPECCI DR SALT LAKE CITY, UT 84113	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEE SEGAL DIRECTOR 4590 MACARTHUR BLVD., NW, SUITE 250 WASHINGTON, DC 20007	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOSEPH MARTIN		JOSEPH MARTIN, CONTROLLER	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			